

## MANUAL OF PATENT EXAMINING PROCEDURE



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Attorney Docket Number **First Named Inventor** COMPLETE IF KNOWN 707, 262 **Application Number** 2003 Filing Date

OR Declaration Submitted after Initial □ Declaration Submitted Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing required)

**DECLARATION FOR UTILITY OR** 

**DESIGN** PATENT APPLICATION

(37 CFR 1.63)

**Group Art Unit Examiner Name** 

				<del></del>	
As a below named inventor, I hereby declare that:					
My residence, post office address, and citizenship are as stated below next to my name.					
i believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Engineering of controlled Deamidation Rotes in					
pertides, proteins, and similar structures					
the specification of which (Title of the Invention) is attached hereto OR					
was filed on (MM/DD/YYYY) 12/02/2003 as United States Application Number or PCT International					
Application Number [10/707, 262] and was amended on (MM/DD/YYYY) [ (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as					
amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MW/DD/YYYY)	Priority Not Claimed	Certified Cop	py Attached? NO
			مومو	0000	0000
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s) Filing Date (MM/DD/YYYY)					
			Additional provisional application numbers are listed on a		
				mental priority BB/02B attache	
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		[Page 1 of 2]			

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## Utility or Design Patent Application DECLARATION -I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number** U.S. Parent Application or PCT Parent **Parent Filing Date** (MM/DD/YYYY) (if applicable) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Customer Number Place Custome Number Bar Code OR Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: Customer Number OR Correspondence address below or Bar Code Label Robinson Name George Rd Dick Address **Address** Junction OR City Telephone 1-541-592-4142 41 -592 -259% Country Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname inson Nooh Inventor's 0/20/20 Date Signature OR ave TUNCTION Residence: City Citizenship Post Office Address Post Office Address 97523 Country city (ave Junctia supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto Additional inventors are being named on the

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Rev. 1, Feb. 2000